



Cheatham County Emergency Medical Service

Employment Application

BJ Hudspeth
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Applicant Information

Application Date: _____ EMS State License #: _____

Position desired: Advanced EMT Paramedic Have you ever applied for this county before? **Y** **N**

(circle one)

Status desired: Full-time Part-time Have you ever been employed by this county before? **Y** **N**

(circle one)

If applying for part-time, what days and hours are you available? _____

Full Name: _____
Last First M.I.

Address: _____
Street Address Apt/Unit #

City State ZIP Code

Phone: _____ Email: _____

DOB: _____ SSN: _____ - -

Have you ever been convicted of a felony? **Y** **N**
 If so, please explain: _____

DL Number: _____ Class: _____ Endorsements: _____

Education

High School: _____

Diploma

GED

Location: _____

City

State

Institution: _____

Location: _____

City

State

Degree/Certificate Earned: _____

From: _____

To: _____

Institution: _____

Location: _____

City

State

Degree/Certificate Earned: _____

From: _____

To: _____

Certifications and Training

***If applicable to licensure level, proof of certification is required prior to beginning FTO rides*

Check all of the following classes or certifications that you currently hold:

ACLS** _____

IS-100** _____

PEARS _____

AMLS _____

IS-200** _____

PHTLS** _____

BLS CPR** _____

IS-700** _____

TCCC _____

Dom. Violence _____

IS-800** _____

VFK _____

EVOC _____

PALS** _____

Other certifications or training you have received: _____

Any special qualifications and skills: _____

Military Status: Active duty Retired N/A

If applicable: Honorable discharge Other

If other, explain: _____

Previous Employment

Company:	_____	Phone:	_____
Date of hire:	_____	Date left:	_____
	_____	Supervisor:	_____
Job Title:	_____	Starting Salary:	\$ _____
		Ending Salary:	\$ _____
Responsibilities:	_____		
Reason for leaving:	_____		
May we contact your previous supervisor for a reference?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Company:	_____	Phone:	_____
Date of hire:	_____	Date left:	_____
	_____	Supervisor:	_____
Job Title:	_____	Starting Salary:	\$ _____
		Ending Salary:	\$ _____
Responsibilities:	_____		
Reason for leaving:	_____		
May we contact your previous supervisor for a reference?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Company:	_____	Phone:	_____
Date of hire:	_____	Date left:	_____
	_____	Supervisor:	_____
Job Title:	_____	Starting Salary:	\$ _____
		Ending Salary:	\$ _____
Responsibilities:	_____		
Reason for leaving:	_____		
May we contact your previous supervisor for a reference?	Y <input type="checkbox"/>	N <input type="checkbox"/>	

References

Type:	Professional <input type="checkbox"/>	Personal <input type="checkbox"/>	Years known:	_____
	<i>(circle one)</i>			
Name:	_____		Phone:	_____
Type:	Professional <input type="checkbox"/>	Personal <input type="checkbox"/>	Years known:	_____
	<i>(circle one)</i>			
Name:	_____		Phone:	_____
Type:	Professional <input type="checkbox"/>	Personal <input type="checkbox"/>	Years known:	_____
	<i>(circle one)</i>			
Name:	_____		Phone:	_____

Important Information

Are you able to perform the essential functions for the job for which you are applying based on its' description?

(You may later be asked to demonstrate your ability to perform the essential functions)

_____ YES, and I will not need reasonable accommodations in order to perform these essential functions.

_____ YES, but I will need reasonable accommodations in order to perform these functions.

List any reasonable accommodations you will require in order to perform the essential functions of this job: _____

I hereby affirm that the information provided on this application (and accompanying resume, if applicable) is true and complete to the best of my knowledge. I understand that falsifying or making significant omissions of information may result in being disqualified from consideration for employment and may be justified for dismissal of employment if discovered at a later time.

I waive any right of privilege, privacy and/or confidentiality I may have in the information provided by references or others whom I have indicated may be contacted.

Applicant signature: _____

Date: _____